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PTO/SB/01 (03-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Sergio Landau
Title	Wound Irrigation Apparatus and
Group Art Unit	
Examiner Name	
Attorney Docket Number	2003-032

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Name	Registration Number
Terry L. Miller	29,588

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Country	US	e-mail: TLMpatents@AOL.com	
Telephone	949-951-8456	Fax	949-951-8456

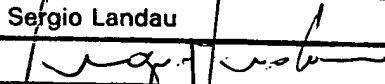
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

### SIGNATURE of Applicant or Assignee of Record

Name	Sergio Landau
Signature	
Date	DEC 4 / 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Sergio Landau
Title	Wound Irrigation Apparatus and
Group Art Unit	
Examiner Name	
Attorney Docket Number	2003-032

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Terry L. Miller	29,568

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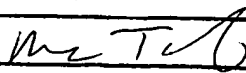
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City	Mission Viejo	State	California	Zip 92692
Country	US	e-mail: TLMpatents@AOL.com		
Telephone	949-951-8456	Fax	949-951-8456	

I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Marc Taub
Signature	
Date	12/5/03

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Application Number	
Filing Date	
First Named Inventor	Sergio Landau
Title	Wound Irrigation Apparatus and
Group Art Unit	
Examiner Name	
Attorney Docket Number	2003-032

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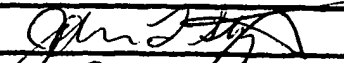
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	John Lawrence Staylor
Signature	
Date	Dec. 30, 2003

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respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Doctet Number

2003-032

First Named Inventor

Sergio Landau

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Wound Irrigation Apparatus and Method

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(a) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/854/028 attached hereto.

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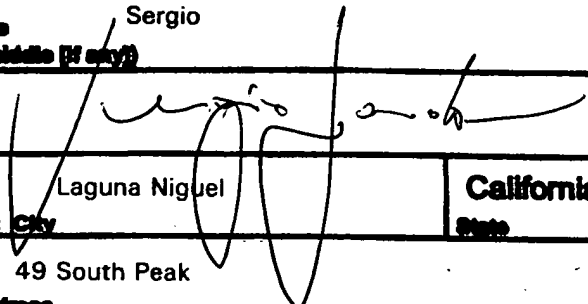
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Mission Viejo City	California State	92692 ZIP
US Country	949-951-8456 Telephone	949-951-8456 Fax

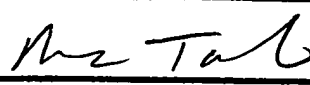
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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (First and middle (if any))	Sergio	Family Name or Surname	Landau
Inventor's Signature			DEC. 4, 2004 Date
Residence: City	Laguna Niguel	California State	US Country
49 South Peak Mailing Address			

City	Laguna Niguel	California State	92677 ZIP	US Country
------	---------------	---------------------	--------------	---------------

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (First and middle (if any))	Marc	Family Name or Surname	Taub
Inventor's Signature			Date
Residence: City	Mission Viejo	California State	US Country
24832 Via San Fernando Mailing Address			

City	Mission Viejo	California State	92692 ZIP	US Country
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☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/BB/02A attached hereto.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name

John

Family Name  
or Surname

Staylor

(first and middle (if any))

Inventor's  
Signature

Date

Dec. 3, 2003

Residence: City

Wilsonville

State

Oregon

US

US

Country

Citizenship

28072 SW Morgan Street

Mailing Address

Wilsonville

Oregon

97070

US

City

State

ZIP

Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

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